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ABSTRACT

Four areas of evaluation will be briefly discussed: 1) those areas of functioning which should be assessed, 2) instruments which were used in each area, 3) knowledge of instruments, 4) preliminary results for each instrument. The areas related to the preschool child which should be evaluated consist of: 1) the child's cognitive functioning, 2) the child's emotional functioning, 3) the child's relationship with classroom peers, 4) the child's relationship with classroom adults, primarily the teacher, 5) the child's relationship with his family and 6) the child's relationship with his general community. The overall results from the various instruments would seem to indicate that: 1) the program does seem to induce change in a favorable direction in the children, and that: 2) the various instruments are working in a self consistant manner. For example, items on the Psychiatric Behavior Scale correlate nicely and in the expected direction with factor scores from the Kohn Sympton Checklist. (Author/MLP)

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EVALUATION METHODS AND PROCEDURES IN A THERAPEUTIC NURSERY PROGRAM

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In assessing the effectiveness of a preschool therapeutic nursery program, one should consider at least four areas of evaluation procedures. First, one should decide which areas of the child's functioning are to be covered by the evaluation procedure. Second, information concerning the evaluation of similar previous projects should be reviewed and methods for determining the level of functioning of the child should be identified or developed. Third, previous information concerning the methods for determining the level of functioning should be reviewed and incorporated with experience gained during the evaluation period. Finally, results of the present evaluation should be presented and incorporated with results from similar previous projects.

There are at least six areas of a child's functioning which should be considered when attempting to evaluate a preschool program. Although it is clear that these are not self-contained discrete areas, they will be treated as such for the purposes of this presentation. These six areas can be divided into two classification groups: primarily intra-person and primarily inter-person. The intra-person classification consists of intellectual functioning and emotional functioning. The inter-person classification consists of the child's relationship with classroom peers, classroom adults, parents and family, and the general community. Although it may be difficult to obtain information concerning all of these areas because of a lack of knowledge or resources, one should try for as many as possible.

After review, the instruments which we selected and are using to assess functioning in each area of the six areas are: 1) the Wechsler Preschool and Primary Scale of Intelligence (WPPSI) or the Merrill-Palmer Scale of Mental Tests (MP), Goodenough Draw-A-Man (Cognitive); 2) Kagen Matching Familiar Figures Test (MFFT), Psychiatric Behavior Scale (PBS), and the Kohn Symptom Checklist (KSC),

(Emotional); 3) Kohn Social Competency Scale (Classroom adults); 5) Parent Interview (Family); and 6) Parent Interview (Community). Most of the above instruments are available either commerically or through a search of appropriate literature, with the exception of the PBS and the Parent Interview which are "home grown".

The WPPSI and the MP have been standardized with large norming samples. The WPPSI provides both a verbal and a non-verbal series of sub-scores which when appropriately interpreted by a psychologist can provide useful information for the classroom teacher, as well as allowing detailed statistical analysis. The MP is a performance test with minimal verbal interaction needed. This test was used when it appeared that a WPPSI would be inappropriate because of an interactive language program. The one drawback of both tests is the lack of inclusion in the norming studies of a large block urban sample.

The Goodenough Draw-A-Man is a projective techniques having a considerable literature. Its interpretation by a psychologist provides direction for our teachers in terms of body movement and image learning.

The Kagen MFFT measure impuse control and has a considerable literature. Its interpretation by a psychiatrist provides further imput to our teachers concering a child's impulse control problems. It does not suggest teaching directions, but, rather provides further support for the teacher's classrcom impressions of a child's functioning.

The Psychiatric Behavior Scale was developed at the Preschool Center in order to yield a rating, by the teacher, of the child's current level of development in the psychoanalytic perspective. The item terminology is expressed in language which is easily understandable by the classroom teacher with little or no training.

The Kohn Symptom Checklist and the Social Competency Scale have both been administered to large samples of young children in New York City by Martin Kohn and his associates. Even though they have good inter-rater reliabilities, a longitudinal validation study would provide more confidence in their use. Although some of the questions are ambigious or inappropriate when applied to our preschool children, they nevertheless force the teachers to consider various aspects of each child and tend to prevent the teacher from getting into a rut concerning his or her thinking about the child.

The Parent Interview is another "home grown" product which is intended to elicit statistical useful responses from parents. Following a structured parent interview, the interviewer responds to each item based upon the results of the interview. Ideally, these responses to the items provide information concerning the child's relationship to his parents, family and community.

A brief review of the results of all of the above instruments would seem to indicate that:

1) most of the instruments are working in a consistent manner. For example, items on the PBS correlate highly and in the expected direction with factor scores from the KSC. The one exception is the Parent Interview. It does not seem to provide much in the way of useful information concerning the children who passed through our program.
2) the two Kohn scales, KSC and KCS, are not scaled low enough for the children with whom we are concerned. Although they do provide scores which indicate low level functioning in our children, that is, they might be useful for screening and for followup, they are not appropriate for use in determining gains

within our classroom. This is because they lack enough items which are scaled sufficiently low.

3) the program at the Preschool Services Center at the Franklin Institute Research Laboratories does seem to induce changes in a favorable direction in the children. For example, there was a mean gain in IQ score of approximately 11 points last year (from 82 to 93).